

Commonwealth of Pennsylvania



215086

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 8700109		Report Filed By :		CANDIDATE	COMMITTEE	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: LOCAL 0420 IRONWORKERS - IPAL						
Street Address: 1645 FAIRVIEW ST						
City: READING				State: PA		Zip Code: 19606-0000
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.
	AMENDMENT REPORT?	Yes	No			
	ANNUAL REPORT	7.	Year 2016	FILING METHOD () CHECK ONE		PAPER
						DISKETTE
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number
				MO DAY YEAR		Office Code
				11 8 2016		Party Code
						County Code
						(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		3	8	2016	TO	
		MO	DAY	YEAR		
		4	11	2016		
A. Amount Brought Forward From Last Report				\$ 19,676.96		
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 3,393.74		
C. Total Funds Available (Sum Of Lines A and B)				\$ 23,070.70		
D. Total Expenditures (From Schedule III)				\$ 5,500.00		
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 17,570.70		
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00		
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00		

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of

20

COMMONWEALTH OF PENNSYLVANIA

Signature of Person Submitting Report

Signature of Notary Public

My Commission Expires

NOTARIAL SEAL

JODIA A. ROY-KAISER, Notary Public

City of Cressona, Schuylkill County

My Commission Expires Jan. 14, 2019

Printed Name

Area Code

Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of

20

Signature of Candidate

Printed Name

Email

My Commission Expires

Signature

MO

DAY

YR

Area Code

Daytime Telephone Number

RECEIVED

4-18-16

4/12/2016 2:12:13 PM

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
LOCAL 0420 IRONWORKERS - IPAL	From: <u>3/8/2016</u> To: <u>4/11/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 3,393.74

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,393.74
---	-------------

PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate				Reporting Period					
				From:		To:			
DATE								AMOUNT	
Full Name of Contributing Committee						MO	DAY	YEAR	\$ 0.00
Mailing Address									
City	State	Zip Code (Plus 4)							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$	0.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
 \$50.01 to \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate				Reporting Period			
				From: To:			
				DATE AMOUNT			
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0.00

PART C
Contributions Received From Political Committees
OVER \$250.00

Use this Part to itemize only contributions received from Political committees
with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E
OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

SCHEDULE II
IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED
USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate LOCAL 0420 IRONWORKERS - IPAL	Reporting Period From: <u>3/8/2016</u> To: <u>4/11/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
LOCAL 0420 IRONWORKERS - IPAL	From <u>3/8/2016</u> To: <u>4/11/2016</u>

DATE				AMOUNT
To Whom Paid FRIENDS OF BARRY JOZWIAK	MO	DAY	YEAR	
Mailing Address PO BOX 75	3	14	2016	\$ 500.00
City BOYERTOWN	State PA	Zip Code (Plus 4) 19512	Description of Expenditure CONTRIBUTION	
To Whom Paid CITIZENS FOR PAT BROWN	MO	DAY	YEAR	
Mailing Address PO BOX 90307	3	14	2016	\$ 1,000.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18109	Description of Expenditure CONTRIBUTION	
To Whom Paid NEIL GOODMAN	MO	DAY	YEAR	
Mailing Address PO BOX 5	3	14	2016	\$ 1,000.00
City MAHANOEY CITY	State PA	Zip Code (Plus 4) 17948	Description of Expenditure CONTRIBUTION	
To Whom Paid FRIENDS OF STEVE SWEENEY	MO	DAY	YEAR	
Mailing Address 300 NORTH MARION AVENUE	4	1	2016	\$ 1,500.00
City WENONAH	State NJ	Zip Code (Plus 4) 08090	Description of Expenditure CONTRIBUTION	
To Whom Paid FRIENDS OF MARK ROSSI	MO	DAY	YEAR	
Mailing Address 4320 DANOR DRIVE	4	1	2016	\$ 500.00
City READING	State PA	Zip Code (Plus 4) 19605	Description of Expenditure CONTRIBUTION	

To Whom Paid FRIENDS OF GEORGE ZALAR			MO	DAY	YEAR	
Mailing Address 1223 WEST SPRUCE STREET			4	1	2016	
City COAL TOWNSHIP	State PA	Zip Code (Plus 4) 17866	Description of Expenditure CONTRIBUTION			

To Whom Paid FRIENDS OF DAN MCNEIL			MO	DAY	YEAR	
Mailing Address PO BOX 826			4	1	2016	
City WHITE HALL	State PA	Zip Code (Plus 4) 18052	Description of Expenditure CONTRIBUTION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 5,500.00